

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/573144	FILED DATE
APPLICANT/ORG.		

CLAIMS

	AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1									51				
2									52				
3									53				
4									54				
5									55				
6									56				
7									57				
8									58				
9									59				
10									60				
11			1						61				
12									62				
13									63				
14									64				
15									65				
16									66				
17									67				
18			1						68				
19									69				
20									70				
21									71				
22			1						72				
23									73				
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42									92				
43									93				
44									94				
45									95				
46									96				
47									97				
48									98				
49									99				
50									100				
TOTAL REQ.			3						TOTAL REQ.				
TOTAL SFC.			13						TOTAL SFC.				
TOTAL CLAMS			16						TOTAL CLAMS				

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